

## **Article 1. MEMBER SERVICES**

### **Section 1.01 *Member education.***

The CONTRACTOR must conduct member education. Such activities must include:

Basic education about accessing services and using the plan

Innovative strategies for meeting wellness care and immunization standards, as well as health promotion and prevention

### **Section 1.02 *Member materials.***

The CONTRACTOR must design, print, and distribute member identification (ID) cards, provider directories, and evidence of coverage or member handbooks detailing program benefits and the complaint and appeals process. These member materials must meet the requirements of Texas insurance law and regulation. The materials must be culturally appropriate, written for understanding at the 6<sup>th</sup> grade reading level, and specifically oriented to the medical needs of children. These materials must comply with the methodology the CONTRACTOR submitted in its proposal for verifying that the materials are geared to the 6<sup>th</sup> grade reading level.

Member materials must be available in English, Spanish, and the languages of other major population groups making up 10% or more of the enrolled CHIP population within the CSA, as specified by HHSC. Member materials must be available in a format accessible to the visually impaired. The accessible format may include large print, Braille, and audio tapes.

The CONTRACTOR must mail ID cards, provider directories, and evidence of coverage or member handbooks to the enrollee's mailing address by the first working day of the first month of coverage. HHSC must approve all such materials prior to use by the CONTRACTOR. HHSC has 15 working days from the date the member material is received to review the submitted material and to recommend any suggestions or required changes. If HHSC has not responded to the CONTRACTOR by the fifteenth day, the CONTRACTOR may use the submitted material.

### **Section 1.03 *CHIP-Specific Internet Website***

By May 1, 2000, the CONTRACTOR must have operational and must maintain, consistent with state agency standards, **[we are getting clarification on what these standards are]** a website to provide general information about the plan, its provider network, its customer services, and its complaints and appeals process. The site's content must be: written in English, Spanish, and the languages of other major populations making up 10% or more of the enrolled CHIP population within the CSA, as specified by HHSC; culturally appropriate; written for understanding at the 6<sup>th</sup> grade reading level; and be geared to the health needs of children, including those with special needs. The CONTRACTOR'S website must receive prior approval from HHSC. The CONTRACTOR may develop a CHIP page within its existing website to meet the requirements of this section.

The CONTRACTOR'S CHIP website cannot use tools or techniques that require significant memory or disk resources or require special intervention on the customer side to install plug-ins or

additional software. The CONTRACTOR cannot use proprietary items that would require a specific browser in the CHIP website.

#### **Section 1.04 Member Telephone Hotline**

The CONTRACTOR must maintain a member telephone hotline. The CONTRACTOR must ensure that its customer service representatives treat all callers with dignity and respect the callers' need for privacy. At a minimum, the CONTRACTOR'S customer service representatives must be:

- (1) Able to give correct cost-sharing information relating to co-pays or deductibles;
- (2) Able to answer non-technical questions pertaining to the role of the primary care provider;
- (3) Able to answer administrative questions pertaining to referrals or the process for receiving authorization for special procedures or services;
- (4) Trained regarding cultural competency; and
- (5) Trained regarding the process used to confirm the status of children with complex special health care needs.

Except for federal holidays, the CONTRACTOR must staff the toll-free hotline from 8:00 AM to 5:00 PM Monday through Friday (Central Time Zone). A voice mailbox must be available after hours with a callback the next working day. All recordings must be in English and Spanish.

If the CONTRACTOR does not have a voice-activated menu system, the CONTRACTOR must have a menu system that will accommodate individuals who cannot access the system through other physical means, such as pushing a button on the telephone.

The CONTRACTOR must appropriately handle calls from non-English speaking (and particularly Spanish-speaking) callers, as well as calls from individuals who are deaf or hard-of-hearing.

Plan performance standards will be phased in over a three-year period. In the first year of the contract, the CONTRACTOR must answer 80% of all telephone calls within an average of 30 seconds, and the abandonment rate must not exceed 10%. In the second year of the contract, the CONTRACTOR must answer 85% of all telephone calls within an average of 25 seconds, and the abandonment rate must not exceed 10%. In the third year of the contract, the CONTRACTOR must answer 90% of all telephone calls within an average of 25 seconds, and the abandonment rate must not exceed 10%.

#### **Section 1.05 Member Change Notification**

If the CONTRACTOR terminates its contract with a health care provider, the CONTRACTOR must provide timely written notification, as defined by the Texas Insurance Code and TDI regulations, to affected members.

#### **Section 1.06 Member Complaint Process.**

The CONTRACTOR must develop, implement and maintain a Member complaint system that complies with the requirements of Article 20A.12 of the Texas Insurance Code. The complaint and appeals procedure must be the same for all Members and must comply with Texas Insurance Code, Article 20A.12.

The CONTRACTOR must implement and maintain a procedure to appeal adverse determinations that complies with the requirements of Article 21.58A of the Texas Insurance Code. The appeal of an adverse determination procedure must be the same for all Members and must comply with Texas Insurance Code, Article 21.58A.

The provisions of Article 21.58A, Texas Insurance Code, relating to a Member's right to appeal an adverse determination made by the CONTRACTOR or a utilization review agent to an independent review organization also apply to CHIP enrollees.

### **Section 1.07 Member Cultural and Linguistic Services.**

Cultural Competency Plan. The CONTRACTOR must have a comprehensive written Cultural Competency Plan describing how it will ensure culturally competent services and provide linguistic and disability-related access. The plan must describe how the individuals and systems within the CONTRACTOR will effectively provide services to people of all cultures, races, ethnic backgrounds, and religions, as well as those with disabilities, in a manner that recognizes, values, affirms, and respects the worth of the individuals and protects and preserves their dignity. The CONTRACTOR must submit a written plan to HHSC at the time of the readiness review. Modifications and amendments to the written plan must be submitted to HHSC no later than 30 days prior to implementation of the modification or amendment. The plan must also be made available to the CONTRACTOR'S network of providers.

The Cultural Competency Plan must include the following:

The CONTRACTOR'S written policies and procedures for ensuring effective communication through the provision of linguistic services following Title VI of the Civil Rights Act guidelines and the provision of auxiliary aids and services in compliance with the Americans with Disabilities Act, Title III, Department of Justice Regulation 36.303. The CONTRACTOR must disseminate these policies and procedures to ensure that both staff and subcontractors are aware of their responsibilities under this provision of the contract;

A description of how the CONTRACTOR will educate and train its staff and subcontractors on culturally competent service delivery and the provision of linguistic and/or disability-related access as related to the characteristics of its members;

A description of how the CONTRACTOR will implement the plan in its organization, identifying a person in the organization who will serve as the contact with HHSC regarding the plan;

A description of how the CONTRACTOR will develop standards and performance requirements for the delivery of culturally competent care and linguistic access and monitor adherence with those standards and requirements;

A description of how the CONTRACTOR will provide outreach and health education to members, including racial and ethnic minorities, non-English speakers or limited-English speakers, and those with disabilities; and

A description of how the CONTRACTOR will help members access culturally and linguistically appropriate community health or social service resources.

Linguistic, Interpreter Services, and Provision of Auxiliary Aids and Services. The CONTRACTOR must provide experienced, professional interpreters when technical, medical, or treatment information is to be discussed. *See* Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d, *et seq.* The CONTRACTOR must ensure that auxiliary aids and services necessary for effective communication are provided, as per the Americans with Disabilities Act, Title III, Department of Justice Regulations 36.303.

The CONTRACTOR must have in place policies and procedures that outline how members can access face-to-face interpreter services in a provider's office if necessary to ensure the availability of effective communication regarding treatment, medical history or health education for a member. The CONTRACTOR must inform its providers on how to obtain an updated list of participating, qualified interpreters.

A competent interpreter is defined as someone who is:

- (1) proficient in both English and the other language;
- (2) has had orientation or training in the ethics of interpreting; and
- (3) has the ability to interpret accurately and impartially.

The CONTRACTOR must provide 24-hour access to interpreter services for members to access emergency medical services within the CONTRACTOR'S network.

Family Members, especially minor children, should not be used as interpreters in assessments, therapy, or other medical situations in which impartiality and confidentiality are critical, unless specifically requested by the member. However, a family member or friend may be used as an interpreter if he or she can be relied upon to provide a complete and accurate translation of the information being provided to the member if (1) the member is advised that a free interpreter is available, and (2) the member expresses a preference to rely on the family member or friend.

The CONTRACTOR must provide or arrange access to TDD to members who are deaf or hearing impaired.